

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective January 1, 2003

Application or Docket Number

*10/62 9901*

**CLAIMS AS FILED - PART I**

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20=    | <i>29</i>    |
| INDEPENDENT CLAIMS  | minus 3 =    | <i>6</i>     |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE <input type="checkbox"/> |       | OR | OTHER THAN SMALL ENTITY |           |
|--|-------|----|-------------------------|-----------|
| RATE                                       | FEE   |    | RATE                    | FEE       |
| BASIC FEE                                  | \$375 | OR | BASIC FEE               | \$750     |
| X\$ 9=                                     |       | OR | X\$18=                  | <i>29</i> |
| X42=                                       |       | OR | X84=                    | <i>6</i>  |
| +140=                                      |       | OR | +280=                   |           |
| TOTAL                                      |       | OR | TOTAL                   |           |

**CLAIMS AS AMENDED - PART II**

|   | (Column 1)                       | (Column 2) | (Column 3)                         | (Column 4) | (Column 5)    |
|---|----------------------------------|------------|------------------------------------|------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT |            | HIGHEST NUMBER PREVIOUSLY PAID FOR |            | PRESENT EXTRA |
| Total   | <i>10</i>                        | Minus      | <i>29</i>                          | =          | <i>=</i>      |
| Independent   | <i>2</i>                         | Minus      | <i>6</i>                           | =          | <i>=</i>      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |            |                                    |            |               |

| SMALL ENTITY TYPE <input type="checkbox"/> |                | OR | OTHER THAN SMALL ENTITY |                |
|--|----------------|----|-------------------------|----------------|
| RATE                                       | ADDITIONAL FEE |    | RATE                    | ADDITIONAL FEE |
| X\$ 9=                                     |                | OR | X\$18=                  |                |
| X42=                                       |                | OR | X84=                    |                |
| +140=                                      |                | OR | +280=                   |                |
| TOTAL                                      |                | OR | TOTAL                   |                |

*31-05*

|   | (Column 1)                       | (Column 2) | (Column 3)                         | (Column 4)    |
|---|----------------------------------|------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus      | **                                 | =             |
| Independent   | *                                | Minus      | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |            |                                    |               |

| SMALL ENTITY TYPE <input type="checkbox"/> |                | OR | OTHER THAN SMALL ENTITY |                |
|--|----------------|----|-------------------------|----------------|
| RATE                                       | ADDITIONAL FEE |    | RATE                    | ADDITIONAL FEE |
| X\$ 9=                                     |                | OR | X\$18=                  |                |
| X42=                                       |                | OR | X84=                    |                |
| +140=                                      |                | OR | +280=                   |                |
| TOTAL                                      |                | OR | TOTAL                   |                |

|   | (Column 1)                       | (Column 2) | (Column 3)                         | (Column 4)    |
|---|----------------------------------|------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT |            | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus      | **                                 | =             |
| Independent   | *                                | Minus      | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |            |                                    |               |

| SMALL ENTITY TYPE <input type="checkbox"/> |                | OR | OTHER THAN SMALL ENTITY |                |
|--|----------------|----|-------------------------|----------------|
| RATE                                       | ADDITIONAL FEE |    | RATE                    | ADDITIONAL FEE |
| X\$ 9=                                     |                | OR | X\$18=                  |                |
| X42=                                       |                | OR | X84=                    |                |
| +140=                                      |                | OR | +280=                   |                |
| TOTAL                                      |                | OR | TOTAL                   |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"